



Plan highlights

Choose from a variety of plans designed to fit your needs and budget.

PREMIUM PLAN

Offers the highest per-person dollar maximum (\$2,000)* in the first year of coverage, a \$100-per-person lifetime deductible, 100% coverage of all preventive care and three cleanings per year. You pay nothing for exams, cleanings, X-rays or topical fluoride, and once the \$100-per-person lifetime deductible is satisfied, you pay only your share of the charges for non-preventive services, with no waiting period for fillings.

MILLION DOLLAR SMILE PLAN

This plan offers a diverse set of features designed to address you and your family's oral health needs. Preventive care is covered 100% and the plan has no dollar maximum after 3 years of continuous enrollment. This plan includes orthodontic coverage for adults and children with a separate lifetime dollar maximum* of \$2,000 per person.

PROGRESSIVE PLAN

This plan has no waiting periods and rewards you for maintaining dental coverage. Your share of the costs for some services decreases each year for up to three years, while the amount of your coverage increases.

ENHANCED PLAN

Offers the Premium Plan's 100% coverage of all preventive care with zero office visit copay, but with a lower per-person dollar maximum (\$1,000)* and a \$50-per-person annual deductible. This plan covers a higher percentage of the fees for certain services compared to the Classic Plan. Once the per-person deductible is satisfied, you pay only your share of the charges for non-preventive services, with no waiting period for fillings.

CLASSIC PLAN

Offers the same per-person dollar maximum (\$1,000)*, \$50-per-person annual deductible and zero office visit copay as the Enhanced Plan, but with 80% coverage of all preventive care. Once the per-person deductible is satisfied, you pay only your share of charges for services.

CLEARPLUS PLAN

You pay a fixed dollar amount for each service with no dollar maximum,* no deductible, no waiting periods and no office visit copay.

BASIC PLAN

Offers the same per-person dollar maximum (\$1,000)* as the Enhanced and Classic Plans, but with a \$15 office visit copay and no per-person annual deductible. Pay only the \$15 office visit copay for cleanings, exams and X-rays and 50% of topical fluoride and fillings. Unlike the other plans, the Basic Plan offers no coverage for crowns, implants or root canals.

*Dollar maximums are the maximum amount Delta Dental will pay, per plan. Dollar maximums vary by plan. Refer to your plan limitations and exclusions for specific language regarding the dollar maximum. Dollar maximums run during a 12-month benefit period, not the calendar year.

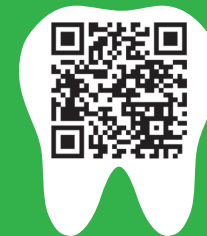
(Plus, check out our DeltaVision® plans!)

◀ See inside for a side-by-side comparison of plan benefits!

As the country's largest provider of dental benefits, Delta Dental is proud to:

- **Offer a large network of providers**
Our network includes more participating dentists than any other dental benefits program.
- **Cover more than 90 million people nationwide***
We also provide reliable, affordable dental coverage to the most people out of any other dental benefits provider.
- **Provide a wide variety of plans**
We offer an extensive selection of plans to fit your individual needs and budget.

Get an instant quote.



[DeltaDentalCoversMe.com](https://www.deltadental.com)

1-888-899-3736

Policies vary and contain general and specific exclusions and limitations. As a result, some services may not be covered under certain policies. Also, coverage for certain covered services is subject to conditions and other limitations, such as the number of times they may be covered in a given time period. You should obtain these exclusions and review them prior to enrollment. They are available during the quoting process at [DeltaDentalCoversMe.com](https://www.deltadental.com).

*<https://www.deltadental.com/us/en/about-us.html>

Pay less. Smile more.



Delta Dental of Virginia

Affordable dental plans for
Individuals & Families

Plus, vision options

8473(07/25)BRO-P-V-VA

Easily compare Delta Dental Individual and Family™ Plan benefits

Delta Dental plans are a smart choice to fill the gaps in your health or Medicare plan. Plus, enrollment is easy — simply follow the step-by-step instructions online or call us with questions. You, your spouse and/or dependent children are eligible for coverage if you're a permanent resident of the state. Apply before the 27th of the month, and your policy could take effect on the first day of the month following approval of your application.

PLAN BENEFIT	PREMIUM PLAN	MILLION DOLLAR SMILE PLAN				PROGRESSIVE PLAN			ENHANCED PLAN	CLASSIC PLAN	CLEARPLUS PLAN	BASIC PLAN
		Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3				
Dollar maximum <small>Maximum amount the plan will pay per person, per benefit period</small>	\$2,000	\$1,750	\$2,500	\$3,000	None	\$1,500	\$1,750	\$2,000	\$1,000	\$1,000	None	\$1,000
Deductible <small>Does not apply to routine procedures such as cleanings, exams, X-rays and topical fluoride</small>	\$100 per person <small>Once per lifetime as long as policy remains in force.</small>	\$75 per person <small>Per policy year</small>				\$50	\$50	\$50	\$50 per person <small>Per policy year</small>	\$50 per person <small>Per policy year</small>	None	None
Office visit copayment	None	None				None	None	None	None	None	None	\$15
The percent you pay after your deductible (where required)										The dollar amount you pay	The percent you pay after your office visit copayment	
Cleaning	0%	0%				0%	0%	0%	0%	20%	\$60	0%
Exams	0%	0%				0%	0%	0%	0%	20%	Included in cleaning	0%
Bitewing X-rays	0%	0%				0%	0%	0%	0%	20%	Included in cleaning	0%
Topical fluoride	0%	0%				0%	0%	0%	0%	20%	Included in cleaning for children through age 14	50%
Fillings	20%	20%				60%	40%	20%	50%	50% <small>(12-month waiting period may apply)</small>	\$120 North VA, \$90 all other areas <small>Resin-based composite, posterior tooth, 3 surfaces</small>	50% <small>(6-month waiting period may apply)</small>
Crowns	50% <small>(12-month waiting period may apply)</small>	40% <small>(12-month waiting period may apply)</small>				70%	60%	50%	50% <small>(12-month waiting period may apply)</small>	50% <small>(12-month waiting period may apply)</small>	\$710 North VA, \$597 all other areas <small>Porcelain ceramic substrate</small>	N/A
Implants	50% <small>(12-month waiting period may apply)</small>	40% <small>(12-month waiting period may apply)</small>				70%	60%	50%	50% <small>(12-month waiting period may apply)</small>	50% <small>(12-month waiting period may apply)</small>	\$2,850	N/A
Root canals	50% <small>(12-month waiting period may apply)</small>	40% <small>(12-month waiting period may apply)</small>				70%	60%	50%	50% <small>(12-month waiting period may apply)</small>	50% <small>(12-month waiting period may apply)</small>	\$635 North VA, \$575 all other areas <small>Molar</small>	N/A
Non-surgical extractions	50% <small>(12-month waiting period may apply)</small>	40% <small>(12-month waiting period may apply)</small>				60%	40%	20%	50% <small>(12-month waiting period may apply)</small>	50% <small>(12-month waiting period may apply)</small>	\$92 North VA, \$79 all other areas <small>Erupted tooth or exposed root</small>	50% <small>(6-month waiting period may apply)</small>
Orthodontics <small>(Correction of crooked teeth for adults and children)</small>	N/A	50% <small>(\$2,000 lifetime maximum, 12-month waiting period will apply)</small>				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Teeth whitening	N/A	40% <small>(12-month waiting period may apply)</small>				N/A	N/A	N/A	N/A	N/A	N/A	N/A

This brochure shows certain plans offered on DeltaDentalCoversMe.com. Visit DeltaDentalCoversMe.com or call 1-888-899-3736 for the latest plan information and rates. Monthly premiums may be different based on plan choice, age, location, number of people insured, their age and relationship to you. Plan designs and rates are subject to change. There may be limits on how many times you can use certain services in a year. Waiting periods on plans may be waived when transferring from another qualifying dental plan. ClearPlus Plan fixed dollar amounts shown on the table are applicable to certain procedures and ZIP codes in Virginia. View Plan Details for a complete list of covered services and fixed dollar amounts. On the ClearPlus Plan, there is no coverage for services by dentists who do not participate in a Delta Dental network. Delta Dental of Virginia complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. DeltaVision® is underwritten by Stryden, Inc., an affiliate of Delta Dental of Virginia. Claims processing, claims service and provider network administration for DeltaVision are provided under contract by VSP.

PLAN BENEFIT <small>In-network providers only</small>	BRILLIANCE 200 PLAN	ESSENTIAL 150 PLAN
ALLOWANCE		
Frame <small>+ 20% savings on amounts over allowance</small>	\$200 <small>\$110 at Costco in-store Optical Center</small>	\$150 <small>\$80 at Costco in-store Optical Center</small>
Contact lenses <small>(Instead of glasses)</small>	\$200	\$150
COPAY		
WellVision Exam®	\$0	\$10
Contact lens exam <small>(Fitting & evaluation)</small>	\$0	Up to \$40
Lenses <small>Single vision, lined bifocal or trifocal, lenticular. Standard progressives, polycarbonate (for children).</small>	\$0	\$10
ADDITIONAL SAVINGS		
Lens enhancements¹	COPAY	
Anti-reflective coating	\$41	\$41
Scratch-resistant coating	\$0	\$17 - \$33
Solid & gradient tints	\$0	\$15 - \$17
Standard progressive lenses (multifocal)	\$0	\$55
Glasses & sunglasses² ✓ Extra \$20 to spend on featured frame brands ✓ 20% savings on pairs of glasses and sunglasses, including lens enhancements		
Retinal screening ✓ No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
Laser vision correction³ ✓ Average 15% off regular price or 5% off promotional price		

Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change.
¹Standard lens enhancements; premium or custom enhancements may also be available at an additional cost.
²From in-network provider within 12 months of last WellVision Exam.
³Member must first visit a VSP Network Laser Vision doctor. This is a VSP provider who works with contracted centers or surgeons in member's area (not all VSP providers are Laser Vision doctors). After that, member would be referred to a VSP-contracted laser vision center or surgeon.
 On Vision policies, certain services are provided through Vision Service Plan (VSP). Delta Dental and DeltaVision are registered marks of Delta Dental Plans Association.
 VSP and WellVision Exam are registered trademarks of Vision Service Plan.